

Freedom of Information Request

Ref: UHB 18-400

Date 30 August 2018

By Email

Dear Sir/Madam

Thank you for your request for information under the Freedom of Information Act 2000. The Trusts response is as follows:

- 1. What is your paediatric inpatient occupancy, on your units (0-18yrs)?**  
Range from 80-95% - over winter predominantly above 90%
- 2. How many of these would fit into the definition above?**  
From your definition we can have 1-30 as in-patients at any given time across the hospital but predominantly residing on the medical ward
- 3. How many long stay (>30days) paediatric patients do you have?**  
Ranges but currently at around 20 though around 7-8 of those are here because of planned treatment e.g. either neurorehab (we have 7-8 beds for this) or BMT that have a 100 day pathway (normally have at least 1-2 patients above 30 days)
- 4. How many of these patients are medically fit to be discharged?**  
We rarely have children who are medically fit for discharge however those that fall into this category are usually a care package locally or within the tertiary locality. The hospitals within the southwest are reluctant to take children from us without a 2 week discharge date. The Bristol children will usually be having a phased discharge if medically fit whilst the home carers are being sourced.
- 5. Amongst your long stay paediatric population, are there any non-medical barriers to discharge? If so what are the common reasons e.g. housing, care provider allocation, training or social care support?**  
See response to 4. Additionally housing is a huge issue and this is very proactively managed with a good working relationship with most home providers throughout the southwest. Monthly discharge planning meetings are held from early in the stay – whilst on PICU or NICU to identify the potential barriers. The hospital managers are brought into the meeting when the barriers escalate to ensure that we keep a good timeframe.

**6. Who coordinates discharge planning for “CMiC” patients and how are they set up to do this e.g. specialist paediatric discharge nurse, CNS, adult discharge teams, support workers?**

We have 2 dedicated discharge coordinators currently – one for neuro rehab and one for the critical care pathway for the complex child as your definition states. The CNS’s will look after the single consultant patients or more simple routes.

**7. Do you have any links with charities when doing this work e.g. charity funded nursing positions, collaboration with charity workers?**

None specifically for complex patients

**8. Do you have specific paperwork for long stay “CMiC” patients e.g. hospital passports, patient held records, advanced care plans?**

We use hospital passports, advanced care plans – wishes documents and make bespoke healthcare plans in a format appropriate to the family which can mean photographic for the illiterate families or photographic with translated text for non-English speaking families

This concludes our response. We trust that you find this helpful, but please do not hesitate to contact us directly if we can be of any further assistance.

If, after that, you are dissatisfied with the handling of your request, you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to:

Trust Secretary  
University Hospitals Bristol NHS Foundation Trust  
Trust Headquarters  
Marlborough Street  
Bristol  
BS1 3NU

Please remember to quote the reference number above in any future communications.

If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner’s Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF

Publication

Please note that this letter and the information included/attached will be published on our website as part of the Trust’s Freedom of Information Publication Log. This is because information disclosed in accordance with the Freedom of Information Act is disclosed to the public, not just to the individual making the request. We will remove any personal information

(such as your name, email and so on) from any information we make public to protect your personal information.

To view the Freedom of Information Act in full please click [here](#).

Yours sincerely

**FOI Team**  
**UH Bristol NHS Foundation Trust**